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Bib Data Sheet

CONFIRMATION NO. 3602

SERIAL NUMBER 09/306,552	FILING DATE 05/06/1999 RULE	CLASS 053	GROUP ART UNIT 3721	ATTORNEY DOCKET NO. STEU-2418
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APPLICANTS

THOMAS D. TAGGART, SOUTH WALES, NY;

** CONTINUING DATA *****

THIS APPLN CLAIMS BENEFIT OF 60/118,404 02/02/1999

ST

** FOREIGN APPLICATIONS *****

NONE ST

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 05/27/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 14	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Examiner's Signature <i>ST</i>	Initials <i>ST</i>		
Verified and Acknowledged				

ADDRESS

005409
ARLEN L. OLSEN
SCHMEISER, OLSEN & WATTS
3 LEAR JET LANE
SUITE 201
LATHAM, NY
12110

TITLE

METHOD AND APPARATUS FOR ASEPTIC PACKAGING

FILING FEE RECEIVED 744	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 09/306,552	FILING DATE 05/06/99	CLASS 053	GROUP ART UNIT 3721	ATTORNEY DOCKET NO. STEU-2418
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APPLICANT

THOMAS D. TAGGART, SOUTH WALES, NY.

CONTINUING DOMESTIC DATA***

VERIFIED PROVISIONAL APPLICATION NO. 60/118,404 02/02/99 ✓

DJ/ST

371 (NAT'L STAGE) DATA***

VERIFIED none

DJ/ST

FOREIGN APPLICATIONS***

VERIFIED none

DJ/ST

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/27/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 14	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 5
Verified and Acknowledged <u>DJ/ST</u> Examiner's Initials Initials					

ADDRESS

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TITLE

METHOD AND APPARATUS FOR ASEPTIC PACKAGING

FILING FEE RECEIVED \$584	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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